

# BEST AVAILABLE COPY

## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 691590, 585 FILING DATE 06-08-03  
APPLICANT(S)

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3		1				
4		2				
5		1				
6		1				
7		1				
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37		1				
38		2				
39		1				
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49						
50						
TOTAL IND.	3					
TOTAL DEP.	40					
TOTAL CLAIMS	43					
51						
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